



# MISSOURI

## State Board of Nursing Newsletter

The Official Publication of the Missouri State Board of Nursing with a quarterly circulation of approximately 129,000 to all RNs and LPNs



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Missouri State Board of Nursing  
 3605 Missouri Boulevard  
 PO Box 656  
 Jefferson City, MO 65102-0656  
 573-751-0681 Main Line  
 573-751-0075 Fax  
 Web site: <http://pr.mo.gov>  
 E-mail: [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov)

current resident or



## The New Enhanced Nurse Licensure Compact will be Implemented on January 19, 2018

As you may be aware, Missouri passed a law to allow it to become a member of the enhanced Nurse Licensure Compact (eNLC). The eNLC will be implemented in Missouri on **Jan. 19, 2018**. The enhanced nurse licensure compact is very similar to the original nurse licensure compact that was implemented in 2010. States that are members of the eNLC will issue multistate licenses that allow you to practice physically, electronically and/or telephonically across a state border to patients located in other states that are members of the eNLC. If you have a current Missouri multistate license, you will be grandfathered into the eNLC. **If you are not already enrolled in Nursys e-Notify as a nurse, please do so now.** Nursys e-Notify will deliver real-time notifications about your nurse licensure status including multistate and single-state changes within the enhanced Nurse Licensure Compact. Keeping on top of your license can help you prevent any fraudulent licenses or certificates being issued in your name. As with the original NLC, if you practice in other states on your multistate license, you must adhere to the laws and regulations of the state where the patient is located.

### Here are some important changes we want you to know about:

- The eNLC has specific licensure requirements. These are called "Uniform Licensure Requirements (ULRs)." As stated above, all nurses previously declaring Missouri their home state and holding a

multistate license will be grandfathered into the eNLC; however, if you move to another state that is a member of the eNLC, you will need to meet the ULRs in order to obtain a multistate license. Likewise, all nurses applying for licensure and declaring Missouri their home state will need to meet the ULRs.

- The states that are part of the eNLC are not exactly the same as the original NLC. If you have an eNLC multistate license, you can only practice in those designated eNLC states (see [ncsbn.org/enlc](http://ncsbn.org/enlc) for an updated map).
- Practice is where the patient/client is located at the time services are received. If you need to practice in a state that is not a member of the eNLC, including those states that were part of the original NLC but did not adopt the eNLC, you need a single state license issued from that state regardless of whether you hold a multistate license.

### If you need more information:

The National Council of State Boards of Nursing has a website ([ncsbn.org/enlc](http://ncsbn.org/enlc)) that will provide you with the details you need to know about this new and exciting change for licensure in your state. On the website, there are numerous resources available for your use, including written information, videos and infographics. The website will also lead you to our state board of nursing website.

## Message from the President

**Mariea Snell, DNP, MSN, RN, FNP-BC, President**

The devastating recent events in Texas and Florida made me think about the impact natural disasters can have on a community. One of the services needed most during these times is medical care. We as nurses have a drive to help where help is needed, but we must also be aware of the best course of action and what legal implications may come into play.

During previous disasters such as Hurricane Katrina, many healthcare workers flocked to New Orleans to help. Most came through organizations such as the Red Cross or disaster management systems organized through the state. However, some came on their own without direction or effective legal coverage for their services. Doing this puts you and your license at risk.

So what can we do here in Missouri to be prepared and help in a way that is effective and safe? First, consider registering with [www.showmeresponse.org](http://www.showmeresponse.org). This site provides helpful information and creates a database of local providers who are ready and willing to respond. Second, on that website you will find links to additional training specific to nursing that will lead to a certificate in disaster preparedness.

When deploying with Show Me Response, you are protected under Chapter 4 of Civil Defense Section 44.045 which states:

"1. Subject to approval by the state emergency management agency during an emergency declared by the governor, any health care provider licensed, registered, or certified in this state or any state who agrees to be so deployed as provided in this section may be deployed to provide care as necessitated by the emergency, including care necessitated by mutual aid agreements between political subdivisions and other public and private entities under section 44.090. During an emergency declared by the governor, health care providers deployed by the governor or any state agency shall not be liable for any civil damages or administrative sanctions for any failure, in the delivery of health care necessitated by the emergency during deployment, to exercise the skill and learning of an ordinarily careful health care provider in similar circumstances, but shall be liable for damages due to willful and wanton acts or omissions in rendering such care."

It is important to know what you can and cannot do in emergency setting in such a way that protects you, your patients and your license. It is important to know that when acting during emergencies you must still practice within your scope and adhere to the nurse practice act of Missouri. Knowledge is power so please review the resources and register with [www.showmeresponse.org](http://www.showmeresponse.org).

<http://pr.mo.gov>

Published by:  
**Arthur L. Davis**  
 Publishing Agency, Inc.



## LPN RENEWAL REMINDER

LPN renewals will be mailed in early 2018. It is very important that you inform our office if you have had a change in address. A change form can be found in this newsletter or on the board's website. If you haven't done so already, you should also enroll yourself as a nurse in e-Notify by going to [www.nursys.com](http://www.nursys.com). By enrolling in e-Notify, you will receive renewal reminders and will also receive notification when your license is renewed.



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 Sherry Gilbert, Personnel Analyst  
 Hawthorn Children's Psychiatric Hospital  
 1901 Pennsylvania Avenue, St. Louis, MO 63133  
 Email: [sherry.gilbert@dmh.mo.gov](mailto:sherry.gilbert@dmh.mo.gov)  
 Fax: (314) 512-7621



# Holiday Greetings

from the Board & Staff of the Missouri State Board of Nursing

### Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses ( <i>MoSALPN</i> )	573-636-5659
Missouri Nurses Association ( <i>MONA</i> )	573-636-4623
Missouri League for Nursing ( <i>MLN</i> )	573-635-5355
Missouri Hospital Association ( <i>MHA</i> )	573-893-3700

### Number of Nurses Currently Licensed in the State of Missouri

As of October 19, 2017

Profession	Number
Licensed Practical Nurse	24,848
Registered Professional Nurse	105,915
<b>Total</b>	<b>130,763</b>

### SCHEDULE OF BOARD MEETING DATES THROUGH 2018

November 7-9, 2017

February 28-March 2, 2018

May 23-25, 2018

August 8-10, 2018

November 7-9, 2018

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>



# Executive Director Report

**Lori Scheidt, Executive Director**

## 2017 Fiscal Year Statistics

The 2017 fiscal year for Missouri State government began July 1, 2016 and ended June 30, 2017.

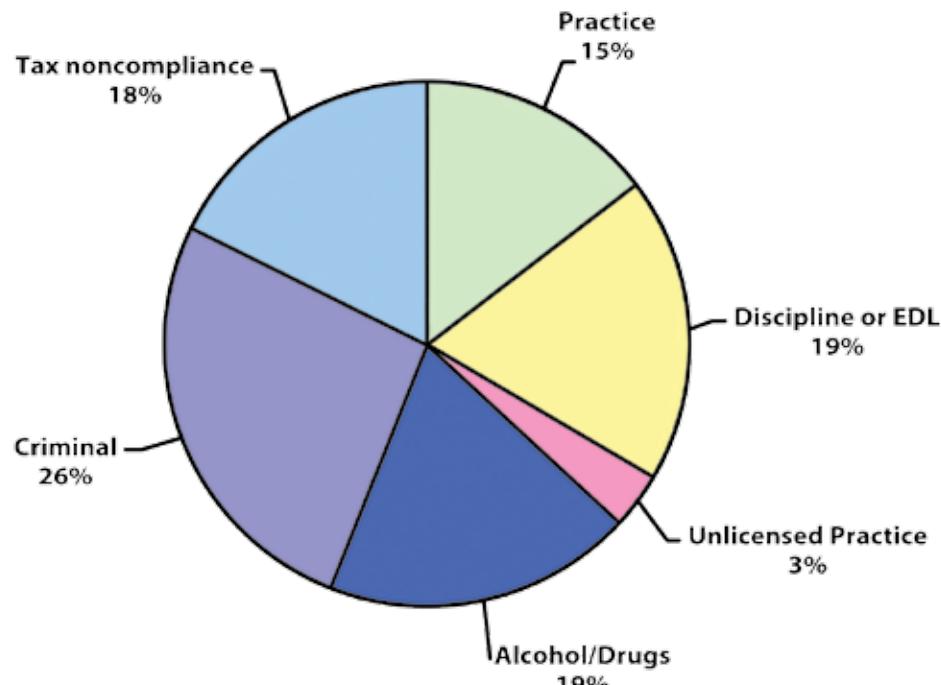
The Board reviews complaints that are filed against the license of a nurse. Following an investigation, the Board determines whether or not to pursue discipline.

The Board of Nursing may take disciplinary action against a licensee for violation of the Nursing Practice Act (see 335.066, RSMo). The Board is authorized to impose any of the following disciplines singularly or in combination:

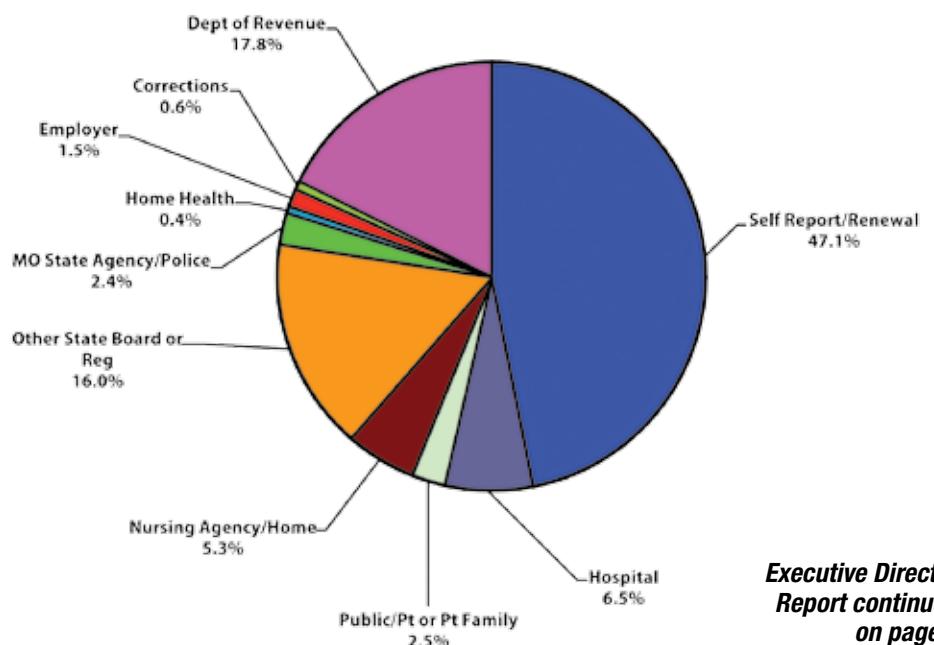
- \* Censure—least restrictive discipline. A censure acts as a public reprimand that is permanently kept in the licensee's file.
- \* Probation—places terms and conditions on the licensee's license for a period of time not to exceed five years.
- \* Suspension—requires that the licensee cease practicing nursing for a period not to exceed three years.
- \* Revocation—most restrictive discipline. An order of revocation results in the licensee no longer being able to practice nursing in Missouri.

The following charts show the category and source of complaint and application reviews that were closed this past fiscal year. There were 2,184 Board decisions that became effective fiscal year 2017.

## Complaint Categories FY 2017



## Closed Complaints By Source FY 2017



**Executive Director Report continued on page 4**

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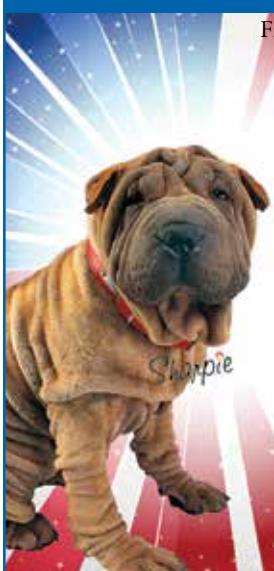
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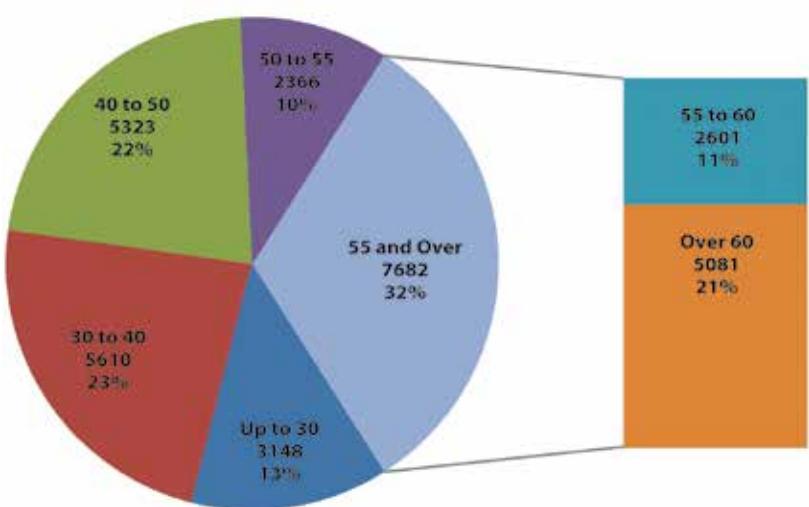
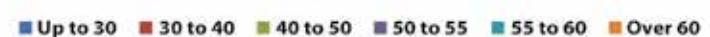
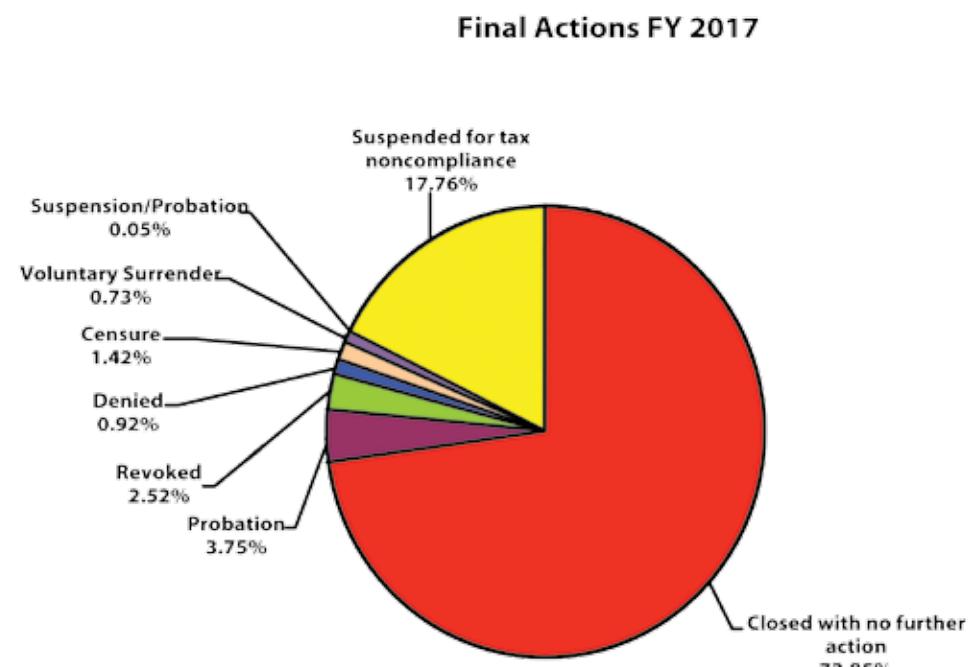
Drug testing required. Some restrictions apply.



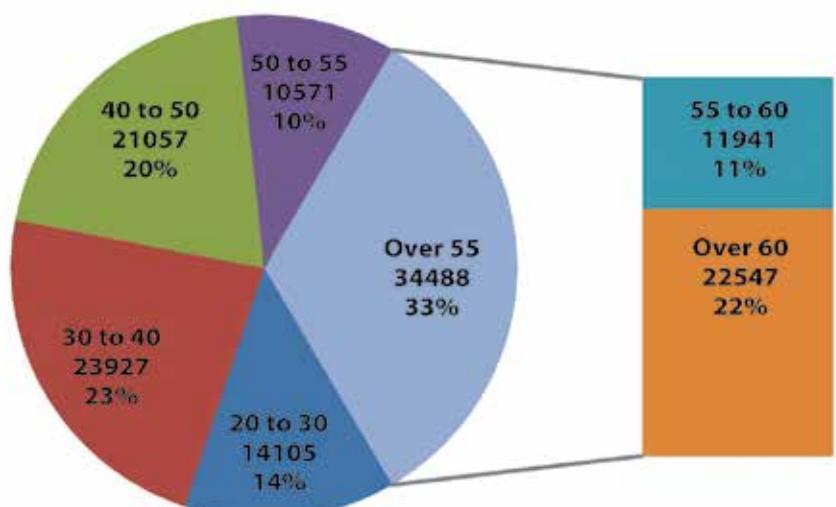
# Executive Director Report

### ***Executive Director Report continued from page 3***

The next chart shows the actions taken by the Board for those complaints and application reviews.



## RN Age Range Report 2017



There were 1,099 new Advanced Practice Registered Nurse applications approved in fiscal year 2017.

The Board granted 315 nurses advanced prescriptive authority in fiscal year 2017. There are currently 1,646 Advanced Practice Registered Nurses with controlled substance prescriptive authority.

## Age Distribution

**Age Distribution** The board continues to keep a close eye on the age distribution of nurses as many are at or near retirement.

The following three maps depict the average age by county and the number of nurses in each county who had a current Missouri nursing license and Missouri primary address as of July 1, 2017. The average age on the following maps is the average age of nurses that reported Missouri primary residence.

# the **BEST CAREER**, right *HERE*

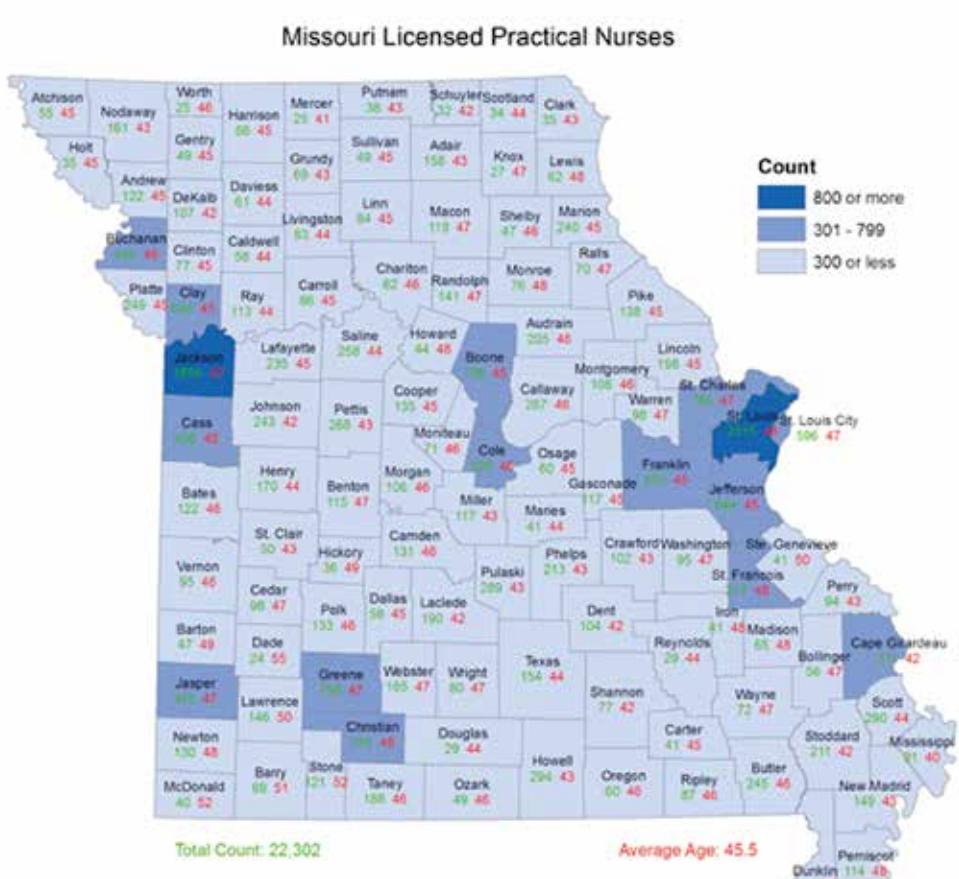
**“I’m the 4th generation of my family to work here!”**

Sloane Elias maintains a special tradition at the Atchison Hospital and enjoys the richly emotional experience of nursing in our OB Department.

**"I've always been interested in all things medical and knew I wanted to end up in Atchison eventually. I'm a 'people person,' and Atchison Hospital has the best people: my patients and co-workers."**

We strive to continue Sloane's tradition.

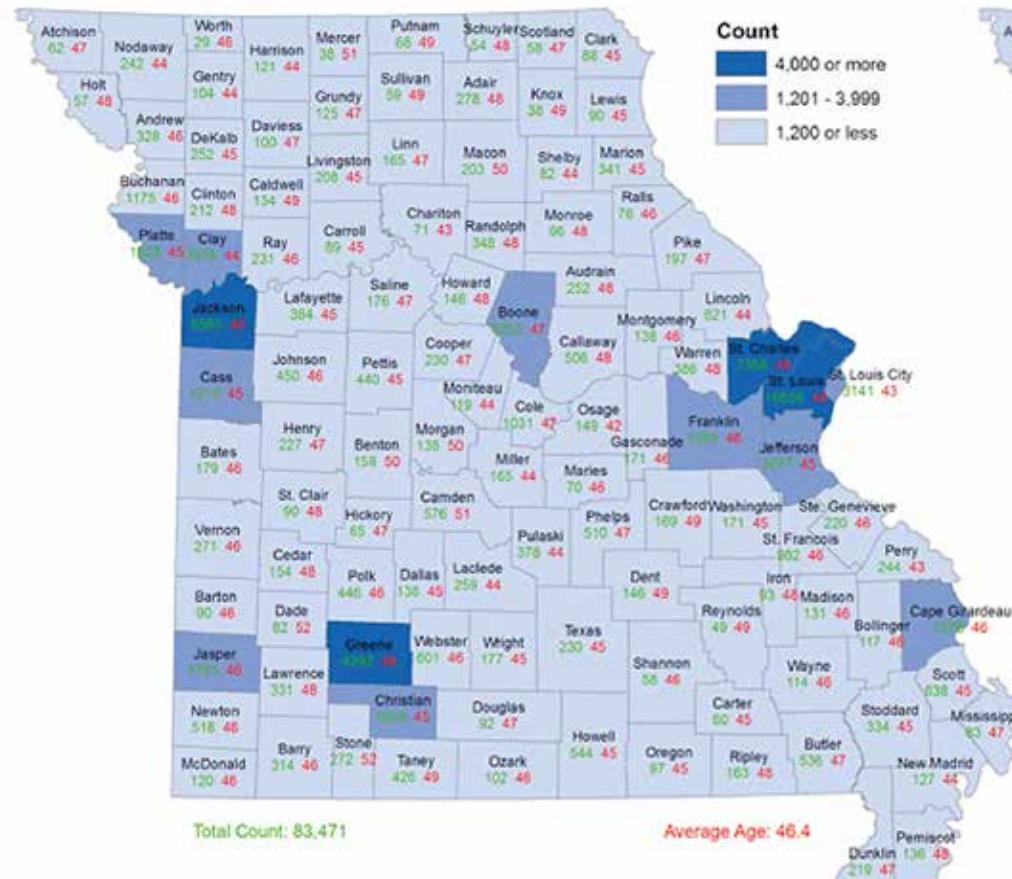
When RNs are this dedicated, they deserve to be generously compensated. Atchison Hospital offers an excellent salary and benefits package and sign-on bonus. If you have the passion we're looking for, we have the rewards you deserve. Go to [atchisonhospital.org](http://atchisonhospital.org) to see current openings.



Source: Missouri State Board of Education, 2017.

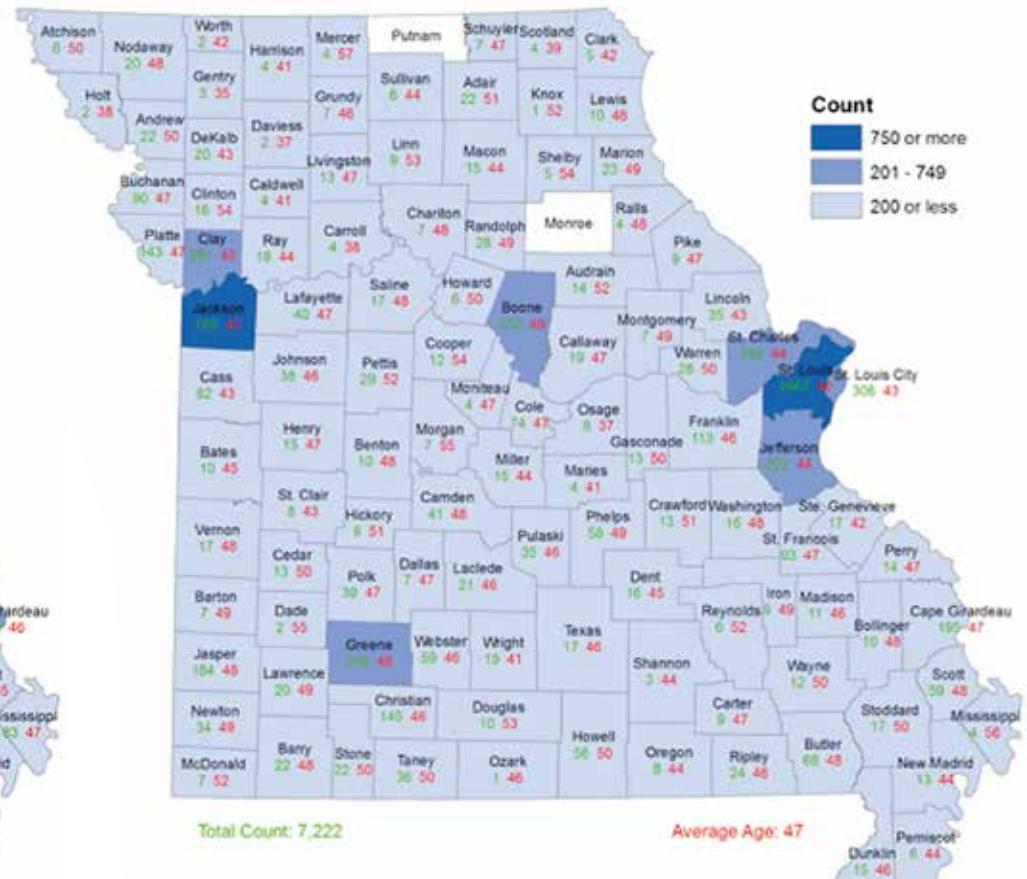
# Executive Director Report

Missouri Registered Nurses



Source: Missouri State Board of Nursing - 2017

Missouri Advanced Practice Registered Nurses



Source: Missouri State Board of Nursing - 2017

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# Education Report

## Education Updates – Missouri Innovation and Participation

### Bibi Schultz, RN, MSN, CNE – Education Administrator

Missouri State Board of Nursing Education Committee Members:

- Roxanne McDaniel, RN, PhD (Chair)
- Mariea Snell, DNP, MSN, BSN, RN, FNP-BC
- Anne Heyen, DNP, RN, CNE

In 2011 the State of Missouri established, through legislative action and appropriation of funds, the **Nursing Education Incentive Program (NEIP)** with the goal to increase physical and educational capacity of nursing education programs in Missouri. NEIP funding has been awarded through appropriations provided by the Missouri State Board of Nursing. The Missouri State Board of Nursing works closely with the Missouri Department of Higher Education to select recipients. Grants have been awarded in 2011, 2012, 2013 as well as 2016 and 2017. Since 2011, a total of 90 proposals were submitted by institutions of higher learning that offer professional nursing programs in Missouri; of those a total of 35 proposals were funded. Qualifying nursing programs may receive up to \$150,000 per grant award/year. During 2016 and 2017 nursing programs across the state received in excess of \$1,700,000 in grant funding; overall close to \$5,000,000 has been awarded to expand nursing program capacity across the state. While evaluation of 2016/2017 funding is pending, progress reports submitted to the Missouri State Board of Nursing by nursing schools that received grant money between 2011 and 2013 indicate that grants helped support significant increases in enrollment in pre-licensure BSN, RN to BSN and MSN programs. One school reported to have doubled enrollment in their master's in nursing education program, which in turn will increase faculty resources; significant increase in RN to BSN enrollment was also reflected. Many programs reported to have hired at least one or two new faculty (estimated impact of at least 17 newly hired faculty/assistant professors), provided scholarships for faculty to attain PhD and DNP degrees, and used funds to expand simulation coordinator duties to develop or enhance simulation scenarios. Expansion of clinical sites was another achieved objective in several progress reports. Grant funding was utilized to facilitate search/secure additional clinical sites/opportunities for clinical learning and to expand adjunct clinical faculty resources. Increase in advertising/recruiting budgets was also described. Major equipment purchases and upgrades were made; significant focus on expansion of simulation technology was reflected. Progress reports related to 2016/2017 grant funding are expected in May of 2018. We will provide updates related to impact of current grant funding at that time.

The Missouri State Board of Nursing has been offering the **Innovative Best Practices in Nursing Education (IBP) Conference** on an annual basis since 2015. The conference has been co-sponsored by State Fair Community College in Sedalia, Missouri. The College has graciously provided their Thompson Center to conduct this sought-after educational offering. The conference is offered free-of-charge to nurse educators from across the state and surrounding areas. Each year, many nurse educators use this opportunity to connect with their colleagues and to collaborate about new, innovative ideas to use as they teach their students. Enrollment averages 120 attendees and evaluations show that much is gained from participation. This year's conference was held on April 7, 2017, and offered sessions on patient safety, legal aspects in nursing education, item writing and analysis for nursing exams, as well as strategies to enhance clinical education through the use of simulation and preceptorships. Next year's session is scheduled for April 6, 2018 and will offer the coveted **National Council of State Boards of Nursing (NCSBN) NCLEX Review Session**. This session is a full day offering that will provide nurse educators with an up close view of NCLEX exam construction, psychometrics and research utilized to maintain the exams. Representatives from NCSBN – NCLEX plan to come to Missouri to present this important information. The conference will continue to be co-sponsored by the Missouri State Board of Nursing in collaboration with State Fair Community College and will therefore again be offered free-of-charge to attendees. While normally enrollment for these sessions is limited, presenters have agreed to open the 2018 Missouri session for up to 150 nurse educators. As with IBP Conference offerings, enrollment will be handled through the Missouri State Board of Nursing office and is projected to open in January 2018.

In March 2017, the Missouri State Board of Nursing approved the **Air Force Nursing Services Practical Nurse (PN) Training Program – Basic Medical Technician Corpsman Program (BMTCP) 4N051/4N071 (4N training program)** as an approved program of practical nursing in the State of Missouri. While a few other states are recognizing this program as equivalent to standard practical nurse education, Missouri is the first state to grant this approval. This means that airmen on active duty, retirees as well as military service members with 4N051/4N071 designation currently serving in the Air Force National Guard/Reserve are academically eligible to apply to sit for the licensure exam in Missouri to become a practical nurse. This training program is identified as a Tiered Duty Specialty – Total Force Integration (Active Duty, Guard, and Reserve) program that consists of three (3) phases of medical training. Phase I entails a Medical Technician Course that requires fourteen (14) weeks of basic military medical technician training that is offered

simultaneously for several military branches. Service-specific break-out sessions then prepare airmen for field work specific to the Air Force. Airmen are required to complete EMT training in order to progress in their training program. Once the basic military training has been completed, airmen progress to the Second Phase of their training program, which is conducted at one of ten multidisciplinary bedded facilities (Air Force Medical Centers). As airmen continue their education, Phase III Upgrade Training is conducted at Whiteman Air Force Base – 509th Medical Group or at one of 74 other Active Duty Air Force Medical Military Facilities, 82 Reserve Units, and 89 Guard Medical units. Assignment of specific duty specialty identifiers/codes follows, indicating each duty skill level as airmen with 4N designation continue to provide care while advancing in their educational pathway. Extensive education, training and experience as well as rigorous testing and competency verifications are required to attain five and seven skill level designations. The 4N Training spans over a time frame of a minimum of 68 weeks of full-time education, training and service. At least 54 weeks of training are dedicated to hands-on/on the job medical training. During Upgrade Training, a minimum of two (2) clock hours per week are dedicated to theory/simulation lab training, specific to individual learning needs of the airmen while airmen work their full-time assignments. Missouri welcomes airmen on active duty, retirees as well as military service members with 4N051/4N071 designation currently serving in the Air Force National Guard/Reserve to apply to take the NCLEX-PN licensure exam under the banner of this state.

**United States Department of Education** recognition of the Missouri State Board of Nursing as an approval agency for nursing education has been in place for over forty (40) years. While not required, the Missouri State Board of Nursing (Board) has maintained recognition by the U.S. Department of Education (Department) as an approval agency for nurse education since 1970. This recognition by the Department is voluntary; currently only five (5) state boards of nursing have attained and continue this distinguished designation. Recognition by the Department is based on rather extensive review and requires detailed petition processes explaining the Board's approval policies, standards and actions. The Board's extraordinary commitment to regulatory responsiveness, vigilant monitoring of ethical standards and processes, and the drive to safeguard standards and outcomes for students and graduates continue to provide necessary evidence to uphold the Department's recognition of this Board. On May 25, 2017 the Department finalized the recommendation of the National Advisory Committee on Institutional Quality and Integrity (NACIQI) and granted renewed recognition of the



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# Education Report

Missouri State Board of Nursing for the full four (4) years. As indicated by the Department, NACIQI recommendations are made under Sections 114 of the Higher Education Act of 1965, as amended, and Section 801 of the Public Health Act, and pursuant to published criteria.

While state and institutional participation in the **State Authorization Reciprocity Agreement (SARA)** is strictly voluntary, states, districts and U.S. territories are eligible to join SARA upon establishment and/or verification of comparable national standards regarding their policies and requirements for institutional authorization to offer post-secondary course work in their state and nationally (per distance education). Each participating state must follow "Interregional Guidelines for the Evaluation of Distance Education Programs" set forth by the National Council of State Authorization Reciprocity Agreements (NC-SARA) in order for post-secondary institutions physically located in their state or territory to participate. SARA agreements are careful to define "physical presence" of the post-secondary institution in order to apply requirements uniformly among states. The NC-SARA website provides ample information regarding SARA policies and standards and can be accessed at <http://nc-sara.org>. Acceptance in SARA is an assurance that standards set forth by their respective regional higher education compacts/SARA agreements are met and that educational offerings provided by "SARA schools" in their state hold comparable to standards of

their partnering entities within the same region as well as nationally (<http://nc-sara.org>). Missouri Department of Higher Education staff participates in the capacity of portal agents as well as part of the NC-SARA Board of Directors. Missouri State Board of Nursing staff actively participates as a current member of the Midwest arm of SARA, known as M-SARA, regional steering committee. Efforts of M-SARA are supported and managed through the Midwestern Higher Education Compact (MHEC). At the current time, all eleven (11) states in the Midwestern region have joined M-SARA and are keeping their agreement active. Nation-wide all but three (3) states have joined through higher education compacts in their region. Nationally approximately 1570 schools are participating. While numbers in student enrollment in distance learning offerings may vary daily, current data indicates that at approximately 1.2 million students are enrolled in distance learning offering within SARA schools across the country.

Missouri participation in NC-SARA through M-SARA is strong. Current reports indicate that at least sixty-six (66) Missouri institutions of higher learning have joined M-SARA. Currently, 12.6% of all institutions of higher education enrolled in M-SARA are Missouri schools. Major advantages include alignment of distance education policies and standards, the implication of commitment of member institutions to uphold state and national regulations for course work offered on ground as well as online. Reduction in authorization expense may directly impact educational cost

for students and resource management at institutional and/or program levels (<http://nc-sara.org>). It is important to note that SARA authorization to operate distance education in respective states does not apply to "professional licensing board approval for programs leading to state licensing in fields such as nursing, teacher education, psychology, etc." as stated per SARA website (<http://nc-sara.org>). While SARA agreements do not directly impact pre-licensure nursing program approval at the state level and Missouri State Board of Nursing approval must be attained and maintained in order for post-secondary institutions to offer their pre-licensure nursing program(s) in the State of Missouri, it is important to better understand state authorization reciprocity. It is essential to know that this pertains to state authorization for post-secondary institutions to operate distance education in participating states and does not relieve post-secondary institutions and their nursing programs of obligations to comply with all of statutory and regulatory provisions pertinent to nursing program approval, national nursing accreditation, if applicable, and institutional accreditation of the parent institution at the local, regional and national level (<http://nc-sara.org>).

This article explains just some of the ways the Missouri State Board of Nursing partners with our nursing education programs in the pursuit of nursing education excellence.

## Moments with Marcus

### My People

**Marcus Engel**



**Marcus Engel**

We Americans have pretty short attention spans, don't ya think? Things that grab the headlines with words like "crisis" and "devastation" become distant memories after a couple months. Or maybe a couple of weeks. Possibly hours? Or, maybe even as soon as we flick off the tube.

I'm no different. After all, we're all products of our media choices. We know that drama sells, yet in times of natural or man-made disasters, the fervor is sometimes necessary to warn the public of what's coming. Hence, why I've been attached to a TV for the last week.

At the time of this writing, it's the morning of September 11. I doubt any of us will ever forget the day 16 years ago when our lives and nation changed. Something I hope will live long in our collective memory. We'll probably remember Hurricane Harvey for a while; because of flooding the likes of which our country hasn't seen. And, as I'm typing this, Hurricane Irma is continuing to lose strength over my home in Florida, hence my most recent addiction to news. (BTW, I was out of town during the storm and my family and home are all fine.)

Since I've lived in Florida for the last decade, I'll often hear locals discussing the hurricanes of the past. Charlie. Wilma. Matthew. Andrew. They can list the names, and if they lived through one with damage? They know the details like it was yesterday.

One recent news story I hope I'll not soon forget came from Hurricane Harvey's landfall in Beaumont, Texas.

Inside a nursing home, residents could be seen sitting in wheelchairs with flood waters up to their knees. With waters rising, these emergency evacuations were playing

out on TV screens across the country; including on that of an employee of the home.

This employee, who I'll call Lisa, was hunkered down in her home, watching the news. When the TV showed waters rising in her nursing home? She dashed out the door, into knee deep water in her front yard and street, flagged down a boat doing rescues and had them drop her off – not at a shelter – but at the nursing home.

The reporter asked her why she put herself in harm's way to come to work.

"These are my people. They needed help."

What struck me about this situation wasn't her heroic acts, but rather how it wasn't even a question. She didn't hem and haw around, deciding whether or not to go. She didn't weigh out every possibility. She saw "her people" and their need. That was it. There wasn't even a question... she was going.

Friends, I don't know if Lisa is even a nurse, but I can say this for sure: she has the heart of one. Lisa may have been a CNA or a tech, she may have not been a clinical professional at all. She may have worked in the kitchen of the nursing home - I dunno. But, we do know that she saw need and moved into action. This enthusiasm for the profession of caregiving and commitment to helping others is in abundance during times of crisis in our nation. I believe it's in abundance in healthcare professionals all the time.

Thank you for lighting the way every day by showing up and reaching out. You are the very best of people.



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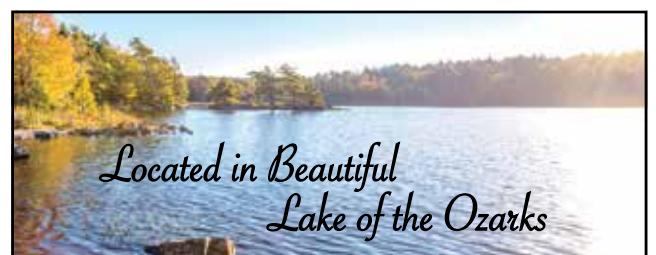
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for students and resource management at institutional and/or program levels (<http://nc-sara.org>). It is important to note that SARA authorization to operate distance education in respective states does not apply to "professional licensing board approval for programs leading to state licensing in fields such as nursing, teacher education, psychology, etc." as stated per SARA website (<http://nc-sara.org>). While SARA agreements do not directly impact pre-licensure nursing program approval at the state level and Missouri State Board of Nursing approval must be attained and maintained in order for post-secondary institutions to offer their pre-licensure nursing program(s) in the State of Missouri, it is important to better understand state authorization reciprocity. It is essential to know that this pertains to state authorization for post-secondary institutions to operate distance education in participating states and does not relieve post-secondary institutions and their nursing programs of obligations to comply with all of statutory and regulatory provisions pertinent to nursing program approval, national nursing accreditation, if applicable, and institutional accreditation of the parent institution at the local, regional and national level (<http://nc-sara.org>).

This article explains just some of the ways the Missouri State Board of Nursing partners with our nursing education programs in the pursuit of nursing education excellence.



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# Nursing Workforce Collaborative Pilot Project

## Bibi Schultz, RN MSN CNE – Director of Education

As part of efforts to anticipate and address nursing workforce shortage Kansas City and St. Louis Metropolitan Healthcare and Hospital Councils, regional offices of Kansas and Missouri Hospital Associations, came together to form the Workforce Collaborative Pilot Project in 2004. The Nurse Expansion Initiative started in Kansas City with the focus to expand educational capacity of nursing programs in the Kansas City area and was later implemented in St. Louis in 2005. As indicated in the Workforce Collaborative Pilot Project – Annual Report (2016-2017), this initiative followed several regional meetings during which shortages in qualified clinical faculty were identified as major barriers to expansion of seat capacity in nursing programs across the state.

In 2004, the Missouri State Board of Nursing (Board) approved the Workforce Collaborative Pilot Project (WCPP) proposal for regulatory exemption for baccalaureate-prepared registered nurses to serve as clinical instructors in pre-licensure baccalaureate degree nursing programs in Missouri. Requirements for the regulatory exemption include that clinical faculty candidates who plan to serve as clinical faculty in such pre-licensure nursing programs must have undisciplined licensure to practice in Missouri, candidates are actively working toward a graduate degree in nursing, and that candidates attend the two-day Clinical Faculty Academy (CFA). The Board expanded the approval to include the St. Louis metropolitan area in 2005, extended approval of the exemption through 2009, and renewed it again in 2014 to continue for another five (5) years. This regulatory exemption then became available to nursing programs across the state. The current Workforce Collaborative Pilot Project Annual

Report (2016-2017) reflects that the Missouri Hospital Association, per the Board's request, began offering the Central Missouri CFA in 2011 and 2012. In 2015, the first Southwest Missouri CFA was offered in Springfield, Missouri. It is important to note that curriculum development for the CFA has been supported through funding provided through the Workforce Innovations in Regional Economic Development (WIRED) grant. CFA information is shared outside of Missouri and Kansas City. For a nominal fee, fully prepared CFA materials are offered through this collaborative so organizations located outside of Missouri could utilize these resources to create similar initiatives in their states and regions.

The Board receives the WCPP report on annual basis. Data provided in this article reflects WCPP Annual Report information submitted to the Board and accepted by the Board in the summer of 2017. The impact of this innovative regulatory exemption to expand clinical nurse faculty across the state remains quite significant. 2016-2017 CFA enrollments for Kansas City and St. Louis metropolitan areas are reported at 456 nurses preparing to serve as clinical faculty. The report suggests that due to expansion of clinical faculty resources, participating Kansas City schools enrolled an additional 601 new nursing students in 2016-2017 and St. Louis schools provided an additional 387 seats for new students in the same period of time. It is to be noted that these statistics represent current outcomes for Kansas City and St. Louis metropolitan area nursing programs captured in this report as well as just a few nursing programs located within these areas, but outside of Missouri state lines. The WCPP Annual Report (2016-2017) further indicates that the first Southwest Missouri CFA held in 2015 yielded an attendance of 57 nurses preparing for clinical teaching. While data on enrollment of additional students due to this expansion of clinical faculty in nursing programs located in central parts of Missouri is not available at this time, the report shows that 36 nurses attended the Central Missouri CFA session coordinated by Missouri Hospital Association staff in July 2016. Additional sessions are planned in Columbia and Springfield, Missouri in 2017 and promise to continue to expand much needed clinical faculty resources for area nursing schools.

Evaluation of impact includes comparison of NCLEX licensure exam data for participating schools, which shows that utilization of highly qualified nurses that are actively engaged in clinical practice and willing to share their clinical expertise as clinical faculty has not adversely impacted licensure exam outcomes. The WCPP Annual Report (2016-2017) reflects just how highly nurses value preparation for clinical teaching available to them through CFA offerings. It is important to note that CFA sessions, regardless of location, are continued to be offered without charge to attendees, nursing schools and clinical partners. As indicated in the 2016-2017 report, costs are underwritten by the Missouri Hospital Association or its subsidiary.

As indicated throughout this article, impact of this Nurse Expansion Initiative continues to be powerful. At a time when development and expansion of the nursing workforce is so vital, utilization of highly qualified, well-prepared clinical experts as clinical faculty is invaluable. Through their engagement as nursing faculty, nurses have the opportunity to work directly with nursing students and their professors to provide real-life clinical learning experiences that foster clinical decision making and prepare students for clinical practice as a nurse. As nurses utilize their expertise to fill clinical faculty roles, opportunities to grow and develop their skills as a teacher while working on their graduate degrees in nursing creates a win-win situation for patients, students, nurse educators and their clinical partners. Nurses interested in serving nursing schools in this capacity are strongly encouraged to contact nursing schools in their area and inquire about opportunities to use their knowledge and clinical expertise to help build the nursing workforce of tomorrow. The Missouri State Board of Nursing (Board) – Table of Schools provides information about all pre-licensure nursing programs approved by the Board. Contact information for each nursing program is included. The Table of Schools can be accessed on the Board's website at <http://pr.mo.gov/boards/nursing/schoolsofnursing.pdf>. Licensure exam performance for each of these nursing programs is publicly available as well and can be accessed at <http://pr.mo.gov/nursing-education-nclex.aspx>. While this regulatory exemption applies to baccalaureate nursing education programs, nurses interested in learning more about clinical teaching at any level of nursing education may benefit from attending a CFA session. More information regarding the CFA in the Kansas City Area can be accessed at <http://kchealthcareers.com/clinical-faculty-academy/>. Information regarding CFA offerings in mid-Missouri, St. Louis and Springfield is available at <http://web.mhanet.com/clinical-faculty-academy.aspx>

## Reference

Regional Offices of the Kansas and Missouri Hospital Associations. Kansas City Metropolitan and St. Louis Metropolitan Health Care Council: Workforce Collaborative Pilot Project Annual Report. Overland Park, KS: 2016/2017.



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# Highlights of Fiscal Year 2017

The mission of the Missouri State Board of Nursing is to protect the public's health and safety through regulation of nursing education, licensure, and practice. In FY2017, the Board worked diligently to improve services and strengthen programs for public protection. Highlights of the Board's work are listed below:

## Education:

- Continued recognition of the Missouri State Board of Nursing by the U.S. Department of Education as an approval agency for nurse education for four years. The Board has had this recognition since 1970 and received continued recognition on May 25, 2017. The Board is currently one of five Boards across the country that has this recognition.
- Approved the Air Force Nursing Services Practical Nurse (PN) Training Program – Basic Medical Technician Corpsman Program (BMTCP) 4N051/4N071 (4N training program) on March 22, 2017.
- Developed and promulgated Veteran's Bridge program rules to foster completion of the practical nurse curriculum for service members with education, training and service in the medical field.
- Provided grant funding to professional nursing under the Board's Nursing Education Incentive Program. The State of Missouri established, through legislative action and appropriation of funds, the "Nursing Education Incentive Program" in order to increase the physical and educational capacity of nursing education programs in Missouri. In 2016, \$979,620 was awarded. In 2017, \$810,221 was awarded for a total of \$1,789,841 for the FY2017.
- The Board negotiated/succeeded in program closure of three (3) underperforming nursing programs.
- Held the Innovative Best Practice (IBP) in Nursing Education Conference on April 7, 2017. This conference is co-sponsored by the Missouri State Board of Nursing with State Fair Community College. This year's conference was the third annual IBP conference. There were 127 nurse educators from all levels of nursing education present. Presenters, most of them nurse educators from different areas of the state, readily shared their expertise without monetary compensation which made it possible to offer this valuable experience without cost to educators.
- 95.8% employers and 100% of educators in Missouri indicated the board of nursing's guidelines and regulations regarding supervision of student nurses are adequate to assure safe and competent care.

## Compliance

- Explored development of an alternative to discipline program to remove impaired nurses from practice in a more timely fashion and increase public protection. A legislative request to pursue this program was approved by the board.
- Successfully implemented the board's approved drug testing web based check in system for licensees requiring drug testing.
- Held board committee meetings every two weeks followed by full board mail ballots to ensure timely resolution of complaints. Twenty-two Consumer Protection Conference Calls were held in FY2017.

## Investigations

- Missouri resolved cases on average in 3.2 months.

## Legal

- The board employs three attorney team members with a combined 43 years' experience. Below is a snapshot of legal team performance since attorneys were added to the in-office team:

	2008	2016	
Board Decisions	1,605	2,311	30% increase
Board Hearings	106	179	40% increase
RNs Licensed	87,798	105,014	16% increase
LPNs Licensed	24,646	25,478	7% increase
Contract Attorney Fees	\$184,143.32	\$17,069.11	91% reduction
Calendar Days to Complete a Case: From Receipt of Complaint to Final Resolution	284	95	67% improvement

## Licensure

- Average days to issue a temporary permit to Registered Nurses was 4.05 days and for Licensed Practical Nurses was 4.93 days. This is calendar days; not business days.
- Answered 58,759 telephone calls.
- Revised all applications for licensure to ensure that the process was streamlined and easily understood by applicants.
- Continued to use Nursys.com for license verification purposes. This improves customer service because nurses can request verifications online 24 hours a day and verifications are immediately available. Utilization of Nursys.com also strengthens our fraud prevention efforts. A total of 6,672 of Missouri nurses requested that their Missouri license be verified to another state and 2,601 nurses licensed in other states requested verification into Missouri.
- Continued to urge nurses and employers to enroll in Nursys e-Notify for many reasons. Enrollment in this system alerts the institution and/or nurse before a license expires and when it expires. Alerts are sent to the enrollee any time any discipline is attached to the enrolled license. For a nurse enrollee, this system can help prevent any fraudulent licenses or certificates being issued in the nurse's name. Missouri is a member of the nurse licensure compact. A multi-state license is tied to the nurse's primary state of residence. A change to a nurse's primary state of residence could change the multi-state license status. This system will notify the enrollee if that status changes. When a nurse submits a license renewal online, the license is not automatically renewed. This system notifies the enrollee when the license is renewed. This system pushes notification of changes to the enrollee rather than having to continually re-query the system. A total of 851 institutions accounting for 77,979 nurses were enrolled in the institution e-Notify. A total of 55,959 (40.23%) of Missouri-licensed nurses were enrolled in nurse e-Notify.

## Workforce

- Added the workforce data elements to Nursys e-Notify so workforce related information can be provided by the nurse during license renewal. This information is used for the purposes of nursing workforce research. A total of 55,959 (40.23%) of Missouri-licensed nurses were enrolled in nurse e-Notify.
- Entered into a contract with the Office of Social and Economic Data Analysis at the University of Missouri – Columbia to conduct research on Missouri's healthcare workforce by collecting and analyzing healthcare workforce data regarding nurses licensed by the board of nursing.

## Operations

- 91% of nurses, 100% of employers, and 100% of nurse educators in Missouri indicated the timeliness of the response on an email inquiry as excellent or good.

## Leadership

Bibi Schultz, Director of Education

- Multi-State Collaborative on Military Credit (MCMC). Term runs from June 1, 2015 through October 31, 2017.
- Midwestern Higher Education Compact's (MHEC) Midwestern State Authorization Reciprocity Agreement (M-SARA) Regional Steering Committee.
- NCSBN Nursing Education Outcomes and Metrics Committee. Terms runs September 2016 through August 2018.

Lori Scheidt, Executive Director

- Elected to the National Council of State Boards of Nursing's (NCSBN) Board of Directors for a two year term beginning August 2016.
- Served on the enhanced nurse licensure compact model rules and bylaws workgroup.
- Received the NCSBN Meritorious Service Award.
- Finished a four year term as Vice-Chair of the Nurse Licensure Compact Administrators.

## Practice

- The practice section performed 28 presentations about the Missouri Nurse Practice Act and the Board of Nursing. Of those, 14 presentations were to schools of nursing, four were to community RN groups, five were to school nurse groups, and five were to other organizations.
- Continued to provide timely in-person responses to hundreds of email and phone inquiries.
- Continued to build and reinforce relationships with other health care related state agencies and associations/organizations.

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# 2017 Golden Awards

We are happy to announce that *Golden Certificates* were recently sent to 261 Registered Nurses and 35 Licensed Practical Nurses. These individuals have been licensed in the State of Missouri for **50 years**. We take great pleasure in marking this special achievement in the twelfth year of our Golden Award Recognition program. A list of those receiving *Golden Certificates* follows.

LPN Norma L Huff	Poplar Bluff	MO
LPN Lola S Crum	Jefferson City	MO
LPN Ethel Y Kelly	Joplin	MO
LPN Nedra H Carney	Kansas City	MO
LPN Artis R Miller	Kansas City	MO
LPN Kathryn H Swim	High Ridge	MO
LPN Helen B Black	Olivette	MO
LPN Ruby N Craig	Univ Cty	MO
LPN Carol V Belland	Florissant	MO
LPN Doris S Fountain	Saint Louis	MO
LPN Sharyn L Huss	Moberly	MO
LPN Sharon Sue Johnson	Jefferson City	MO
LPN Sharon K Hanson	Laddonia	MO
LPN Marjorie K Clark	Martnsbg	MO
LPN Linda D Wheeler	Faucett	MO
LPN Marcia L Rostock	Saint Joseph	MO
LPN Vivian Parks Tyler	Saint Louis	MO
LPN Carolyn T Stafford	Saint Louis	MO
LPN Stella B O'conner	Saint Louis	MO
LPN Ruth T Garrett	Florissant	MO
LPN Shirley H Mendoza	Saint Louis	MO
LPN Rosetta J Watts	Berkeley	MO
LPN Lorene Roper	Independence	MO
LPN Kathleen Daly Brown	Pleasant Hill	MO
LPN Carol A Blankenship	Richmond	MO
LPN Mary E Russell	Potosi	MO
LPN Gladys C Aubuchon	Silva	MO
LPN Patricia S Russell	Potosi	MO
LPN Bertha M Rose	Bourbon	MO
LPN Marsha J Wood	Ferguson	MO
LPN Mary E Doerr	Saint Louis	MO
LPN Judith L Wall Cornett	Warsaw	MO
LPN Bernadette K Gephart	Saint Louis	MO
LPN Deborah Stubblefield	Springfield	MO
LPN Jeannie Sue Lyon	Springfield	MO
RN Carolyn A Ohrenberg	Warrensburg	MO
RN Susan M Ryan	Saint Louis	MO
RN Barbara K Akester	Saint Charles	MO
RN Mary J Stralka	Des Peres	MO
RN Joan M Hucker	Saint Louis	MO
RN Virginia A Spernoga	Kirkwood	MO
RN Phyllis A Matteuzzi	Webster Groves	MO
RN Mary Ann G Benz	New Haven	MO

RN Karen H Melton	Union	MO	RN Jane M Devereux	Saint Louis	MO
RN Gertrude R Fisher	Higginsville	MO	RN Barbara A Wehling	St. Louis	MO
RN Lynn P Fisher Rogers	Gulf Breeze	FL	RN Patricia W Ragland	Kirkwood	MO
RN Mary B Dunn	Chesterfield	MO	RN Mary J Moore	Creve Coeur	MO
RN Kathryn M Schaefer	Saint Louis	MO	RN Barbara J Brewer	Wildwood	MO
RN Jane E Bingham	Springfield	MO	RN Mary Eileen Klute	Innsbrook	MO
RN Barbara A Planz	Republic	MO	RN Mary Edel O'Toole	Saint Albans	MO
RN Artis J Porter	Saint Louis	MO	RN Joann C O'Neill	Chesterfield	MO
RN Suzanne M Fitzpatrick	Kansas City	MO	RN Gertrude C Covalt	Saint Louis	MO
RN Elizabeth J Long	Fort Myers Beach	FL	RN Judith C Pitlyk	Florissant	MO
RN Darlene R Sredl	Chesterfield	MO	RN Irene E Chaloupecky	Sprngld	MO
RN Connie L Ledford	Brashear	MO	RN Marilyn Schulte	Saint Louis	MO
RN Patricia L Harmon	Chesterfield	MO	RN Anne L Cooper	Kansas City	MO
RN Sandra J Hart	Lake St. Louis	MO	RN Susan M Carver	Minneapolis	MN
RN Janice A James	Prairie Village	KS	RN Roberta Y Denslow	Raymore	MO
RN Madelene A Swanner	Scott Cy	MO	RN Marilyn A Clayton	Springfield	MO
RN Karen F Sutton	Saint Louis	MO	RN Cheryl D Giltner	Joplin	MO
RN Jane L Lundman	Battlefield	MO	RN Judith J Gegg	Springfield	MO
RN Rebecca L Hall	Boonville	MO	RN Mary L Walker	Wildwood	MO
RN Laurie E Polsky	Saint Louis	MO	RN Margaret W Lindsey	Springfield	MO
RN Sherilyn A Simmons	Raytown	MO	RN Donna J Duckworth	Platte City	MO
RN Elizabeth N Guillot	St. Louis	MO	RN Sherri J Dye	Sunrise Beach	MO
RN Sharon K Tumanut	Kansas City	MO	RN Mary K Donnell	Marshall	MO
RN Cathleen Mary Albers	Kirkwood	MO	RN Eva B Skahan	Overland Park	KS
RN June F Upham	Kansas City	MO	RN Sharon A Cygan	Blue Springs	MO
RN Karen L Sunderwirth	Springfield	MO	RN Doris T Abrams	Saint Louis	MO
RN Dorothy J Phillips	Joplin	MO	RN Mary A Strahan	Raytown	MO
RN Kerry S Mowrey	Shawnee Mission	KS	RN Patricia E Berry	Webster Groves	MO
RN Frances E Muller	Cleveland	MO	RN Sharon Lee Clupper	Springfield	MO
RN Patricia A Stewart	Rogersville	MO	RN Sheila K O'Brien-Johnson	Troy	MO
RN Virginia L Haymes	Springfield	MO	RN Sandra C Macke	Saint Louis	MO
RN Judith Ann Russell	Joplin	MO	RN D Doris J Balsman	Hillsboro	MO
RN Barbara J Baumann	Fenton	MO	RN Jeanette E Hazer	Steelville	MO
RN Mary K Dust	Imperial	MO	RN Cheryl C Perulfi	Saint Louis	MO
RN Ann M Prebil	Saint Louis	MO	RN Monica K ORourke Vaccaro	Ballwin	MO
RN Martina F Bettlach	Saint Louis	MO	RN Sharon S Forrester	Bethalto	IL
RN Beverly A Malone	East Alton	IL	RN Patricia H Korte	Florissant	MO
RN Rita C Denny	Manchester	MO	RN Diane G Bohner	Saint Louis	MO
RN Teresa E Cotton	Kansas City	MO	RN Sue E McKee	Saint Louis	MO
RN Susan A Frye	Rock Hill	MO	RN Carol L Connolly	Kirkwood	MO
RN Katie D Stewart	Saint Charles	MO	RN Lois E Poepsel	Saint Louis	MO
RN Catherine A Barsanti	St. Louis	MO	RN Susan J Akins	Saint Louis	MO
RN Eileen A Hedrick	Kirkwood	MO	RN Joyce A Altholz	Union	MO
RN Karen A Phillips	Saint Louis	MO	RN Sharon G Roth	Manchester	MO
RN Georgia A Miller	Kirkwood	MO	RN Jacqueline M Hennes	Saint Louis	MO
RN Mary Beth Kretschmer	Maryland Hgts	MO	RN Carol F Chatten	Kansas City	MO
RN Margaret A Bowles	Saint Louis	MO	RN Carol L Ditto	Warrenton	MO
RN Donna M Beger	Manchester	MO	RN Kathleen A Slaughter	Columbia	MO
RN Gail E Turek	Oakland	CA	RN Ann E Davidson	Lake Charles	LA
RN Katherine D Daly	Kirkwood	MO	RN Judith G Haggard	Kennett	MO

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RN Cheryl J Rittman	Kansas City	MO	RN Linda M Lundburg	O Fallon	MO	RN Sandra F Brown	Ballwin	MO
RN Susan E Myers	Saint Louis	MO	RN Carol H Sparkman	Cape Girardeau	MO	RN Louise A Donovan	Chesterfield	MO
RN M. Jane Hammond	Des Peres	MO	RN Sharron C Johnson	Nevada	MO	RN Karen P Goessling	Moberly	MO
RN Cynda S Bearden	Senath	MO	RN Diana L Smith	Liberty	MO	RN Rhonda N Cramsey	Washington	MO
RN Marie B Reago	Manchester	MO	RN Joan C Malone	Hannibal	MO	RN Diane L Muhlke	Ballwin	MO
RN Elaine H Darst	Saint Paul	MN	RN Susan E Worstenholm	Hazelwood	MO	RN Patricia J Stanley	Farmington	MO
RN Carolyn B Davis	Saint Louis	MO	RN Barbara Petty	Saint Louis	MO	RN Marianne M Bearden	Saint Louis	MO
RN Kay F Gauble	Chesterfield	MO	RN Judith A Parham	Kirkwood	MO	RN Carole M Duke	Saint Joseph	MO
RN Dorothy E Herter	Manchester	MO	RN Nancy S Schmidt	Saint Louis	MO	RN Elma D Garner	Bolivar	MO
RN Fannie M Ludewig	Kansas City	MO	RN Janice W Littleton	Arnold	MO	RN Janey N Rouse	Grandview	MO
RN Shirley R Russell	St Charles	MO	RN Linda S Edmonds	Springfield	MO	RN Janet C Beall	Mission Hills	KS
RN Karen R Kordick	Lake Saint Louis	MO	RN Jessie R Musick	Pleasant Hope	MO	RN Wayne E Berkbigler	Glencoe	MO
RN Anne C Barnes	Vandalia	MO	RN Josephine M Hatch	Licking	MO	RN Linda L Sussman	Saint Charles	MO
RN Carolyn M Brunjes	Washington	MO	RN Donna L Roper	Springfield	MO	RN Laura H Orr	Columbia	MO
RN Jane E Schmidt	Saint Louis	MO	RN Margaret M Comer	Strafford	MO	RN Anita J Weber	St Charles	MO
RN Carolyn A Crowe	Saint Louis	MO	RN Susan D Moeller	Columbus	GA	RN Maryann T Allen	Wildwood	MO
RN Sharon L Marcrander	Saint Louis	MO	RN Judy Ann Coughlin	Ellisville	MO	RN Joan M H Doubler	Springfield	MO
RN Fern E Schuessler	Hillsboro	MO	RN Barbara A Wischmeyer	Ellisville	MO	RN Loretta S Teeter	Springfield	MO
RN Suzanne M Oliver	St Charles	MO	RN Martha K Clemons	Kansas City	MO	RN Heather J Williams	Joplin	MO
RN Virginia Mayeux	Springfield	MO	RN Jean McNulty Krieg	Prairie Village	KS	RN Elizabeth A Cooper	Kansas City	MO
RN Suzanne M Gabriel	Chesterfield	MO	RN Clarice M Manges	Ballwin	MO	RN Leta R Ebinger	Manchester	MO
RN Janis W Dickerman	Saint Louis	MO	RN Beverly A Diffee	Saint Louis	MO	RN Cassandra F Garoutte	Mt Vernon	MO
RN Diana D Angle	Buffalo	MO	RN Judith C Cook	Festus	MO	RN Cheryl A King	Independence	MO
RN Linda K Bickel	Moscow Mills	MO	RN Judith A DeJohn	Chesterfield	MO	RN Melinda C Johnson	West Plains	MO
RN Shirley J Sterle	Centerview	MO	RN Miriam J Marshall	Niceville	FL	RN Mary A Boyd	Columbia	IL
RN Esther L Butler	Arnold	MO	RN Ingrid T Alexiou	Saint Louis	MO	RN Judith J Nimmo	St. Louis	MO
RN Delores I Gildehaus	Arnold	MO	RN Sharon A Taylor	Chesterfield	MO	RN Mary L Stack	Kirkwood	MO
RN Gloria J Koehler	Saint Louis	MO	RN Dorothea J Worley	Cape Girardeau	MO	RN Dorothy J Eddins	Maysville	MO
RN Karen B Presley	Dittmer	MO	RN Carol Y Hudson	Florissant	MO	RN Mary J Foval	Mountain View	MO
RN Virginia C Slaughter	Brookfield	MO	RN Marsha K Bancroft	Saint Peters	MO	RN Marilyn T Frazer	Holts Summit	MO
RN Carol S Huck	Poplar Bluff	MO	RN Karen A Bess	Saint Louis	MO	RN Carolyn W Hurt	Riverside	MO
RN Linda I Rutledge	Saint Louis	MO	RN Patricia R Fuller	Fenton	MO	RN Helen M Russell-Williams	Florissant	MO
RN Bonnie P Eckert	St Joseph	MO	RN Joan P Williams	Saint Louis	MO	RN Senda C Guertzgen	Louisiana	MO
RN Nancy J Krahf	Westwood	KS	RN Sandra S Andrews	Saint Louis	MO	RN Dolores W Gaal	Saint Louis	MO
RN Elizabeth W Jess	Independence	MO	RN Donna M Avers	Saint Louis	MO	RN Helen S Knox-Goodwin	Saint Louis	MO
RN Phillis J Bailey	Oak Grove	MO	RN Judith J Maxwell-Wind	Weatherby Lake	MO	RN Naomi A Whisenton	Saint Peters	MO
RN Nancy P Gamble	Trenton	MO	RN Gwendolyn P Lockette	Florissant	MO	RN Christine G Pouncil	Kansas City	MO
RN Cheryl L Stover	Independence	MO	RN Diana K Ulses	Overland Park	KS	RN Anita L Williams	Saint Charles	MO
RN Carolyn B Taylor	Springfield	IL	RN Donna J Davis	Raymore	MO	RN Dorothy M Sites	Union	MO
RN Sharon W Beck	Poplar Bluff	MO	RN Nancy C Grisham	Peculiar	MO	RN Yvonne M Stewart	Saint Louis	MO
RN Peggy S Leap	Kansas City	MO	RN Connie E Dixon	Hamilton	MO	RN Sharon L Stillwell	Browning	MO
RN Cheryl A Chastain	Fairfax	MO	RN Claudia J Philbrick	Kansas City	MO	RN Sharon K Gott	Springfield	MO
RN Linda D Markt	Saint Joseph	MO	RN Judith S Crockett	Marionville	MO	RN Beverly S Fagan	Taft	CA
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RN Billye J Bennett	Osage Beach	MO	RN Helen V Edwards	Stockton	CA	RN Rosa M Sippely	Bowling Green	MO
RN Loretta H Ray	Trenton	MO	RN Edna A Hardin	Florissant	MO	RN Nancy M Kuhlman	Saint Louis	MO
RN Mary C Webb	Hannibal	MO	RN Wydena M Greer	Saint Louis	MO	RN Rebecca S Erasmus	Crestwood	MO
RN Wanda K Keen	Sikeston	MO	RN Lillie J Wiggins	Kansas City	MO	RN Cheryl L Slobodnik	Kansas City	MO
RN Lynda F Blick	Ruston	LA	RN Dianne L Herndon	Augusta	MO	RN Darlene J Arnold	Saint Louis	MO

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- ✓ It is never too late to get immunized against the flu. The flu season starts in the fall and continues through the spring.



# Disciplinary Actions\*\*

Pursuant to Section 335.066.2 RSMo, the Board "may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license" for violation of Chapter 335, the Nursing Practice Act.

\*\*Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee's identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

## The Board of Nursing is requesting contact from the following individuals:

- **Brandi L Findley – PN 054041**
- **Lisa Renae Hammond – RN 2013025426**
- **Angela Leigh King – RN 2010025942**
- **Kimberly S Reynolds – RN 156020**
- **Lisa K Shank – PN 049477**
- **Ellen C Singleton – PN 056035**
- **Cassandra Lynn Wilmes – RN 201002609**

If anyone has knowledge of their whereabouts, please contact Kristi at 573-751-0082 or send an email to [nursing@pr.mo.gov](mailto:nursing@pr.mo.gov)

## CENSURE

### Neef, Debra A

Franklin, MO

### Licensed Practical Nurse 035762

Licensee practiced nursing in Missouri without a license from June 1, 2014, to April 13, 2017.

Censure 06/14/2017

### Frein, Nancy

New Haven, MO

### Registered Nurse 113043

Licensee practiced nursing in Missouri without a license from May 1, 2015, through March 16, 2017.

Censure 06/06/2017

### Vinson, Charlene C

New Bloomfield, MO

### Registered Nurse 088120

Licensee practiced nursing in Missouri without a license from May 1, 2015, to April 3, 2017.

Censure 08/29/2017

### Mueller, Lindsey Ann

El Dorado, KS

### Licensed Practical Nurse 2010039962

On or about January 5, 2015, Licensee pled guilty to the felony of driving under the influence of alcohol or drugs. This was Licensee's third offense for driving while intoxicated. Licensee's reported date of sobriety is November 13, 2013.

Censure 07/25/2017

### Stamper, Sarah Rachel

Sweet Springs, MO

### Licensed Practical Nurse 2010002986

On August 29, 2016, Respondent pled guilty to the class C felony of Assault 2nd Degree - Operating a Vehicle while Intoxicated Resulting in Injury, and to the class A misdemeanor of Endangering the Welfare of a Child - 2nd Degree (Intoxication/ BAC) - Vehicular.

Censure 06/26/2017

### Hornback, Tena M

Sarcoxie, MO

### Registered Nurse 120822

From January 30, 2017 through April 3, 2017, Respondent failed to check in with NTS on seven days. On March 17, 2017, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Fentanyl. Respondent did not have a prescription or a lawful reason to possess Fentanyl.

Censure 06/26/2017

### Prost, Brandi Renae

Sullivan, MO

### Registered Nurse

Respondent failed to check in with NTS on one day. On February 16, 2017, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Barbiturates, specifically Butalbital.

Censure 06/26/2017

## PROBATION

### Del Rio, Erica Dawn

Hollister, MO

### Licensed Practical Nurse 2015034380

On August 19, 2016, Licensee charted that she had withdrawn one hydrocodone 10/325 mg tablet for patient MM. Licensee failed to document the administration, waste, or return of the tablet. On August 20, 2016, Licensee charted that she had withdrawn three hydrocodone 10/325 mg tablets for patient MM. Licensee failed to document the administration, waste, or return of the tablets. On August 20, 2016, Licensee charted that she had withdrawn two hydrocodone 5/325 mg tablets for patient PG. Licensee failed to document the administration, waste, or return of the tablets. On August 21, 2016, Licensee charted that she had withdrawn two hydrocodone 10/325 mg tablets for patient MM. Licensee failed to document the administration, waste, or return of the tablets. On August 21, 2016, Licensee charted that she had withdrawn four hydrocodone 5/325 mg tablets for patient PG. Licensee failed to document the administration, waste, or return of the tablets. On August

**PROBATION continued on page 14**



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# Disciplinary Actions\*\*

## PROBATION continued from page 13

did not receive an employer evaluation or statement of unemployment by the documentation due date of March 9, 2017. The Board did not receive a chemical dependency evaluation update submitted on Respondent's behalf by the documentation due date of March 9, 2017. The Board did not receive proof of support group meetings submitted on Respondent's behalf by the documentation due date of March 9, 2017.

Probation 06/26/2017 to 06/26/2022

### Brown, Jaundainne Rochelle

Raymore, MO

#### Registered Nurse 2009005406

From October 19, 2016 until the filing of the Complaint on April 6, 2017, Respondent failed to check in with NTS on five days. Further, on November 29, 2016 and February 28, 2017, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested samples. In addition, on March 30, 2017, Respondent failed to check in with NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on March 30, 2017. In addition, on October 28, 2016, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of December 22, 2016 and March 22, 2017. In accordance with the terms of the Agreement, Respondent was required to obtain continuing education hours and have the certificate of completion for all hours submitted to the Board by March 22, 2017. As of the filing of the Complaint, the Board had not received proof of any completed continuing education classes.

Probation 06/26/2017 to 06/26/2022

### Lowell, Christy Leann

Lebanon, MO

#### Registered Nurse 2014024783

On or about June 20, 2015, hospital co-workers observed Licensee exhibiting questionable behavior, which included "wiry" movements, picking at her skin, and coming in late. Hospital administrators asked Licensee to submit to a for-cause drug screen. Licensee consented to the for-cause drug screen. The drug screen was returned positive for methamphetamine on July 16, 2015.

Probation 08/01/2017 to 08/01/2022

### Wagner, Elisabeth Ann

Marshfield, MO

#### Registered Nurse 2014022820

While Licensee was an employee of the clinic she was also a patient. On August 5, 2016, Licensee visited her doctor at the hospital and received a new prescription for Oxycodone. Licensee's coworker stepped away from her computer, but was still logged into the clinic's EPIC system. Licensee entered her prescription information in to the computer under her coworker's name. On August 10, 2016, clinic officials met with the Licensee to discuss her ordering narcotic medication for herself under her coworker's credentials. During the meeting Licensee was witnessed exhibiting the impaired behaviors of glassy eyes, difficulty understanding questions asked of her, lethargic and was visibly tired. Licensee admitted to clinic officials that she had ordered the Oxycodone for herself while under the credentials of her coworker. Licensee admitted to the Board investigator that challenges in her life had led her to abuse prescription narcotics.

Probation 07/18/2017 to 07/18/2022

### Edwards, Ann M

Columbia, IL

#### Registered Nurse 2002031629

From October 7, 2015, through April 4, 2017, Respondent failed to check in with NTS on six (6) days that were not excused dates to check in. Further, on August 24, 2016, Respondent failed to check in with NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on August 24, 2016. In addition, on July 8, 2016, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. On November 12, 2016, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol, and Ethyl Sulfate (EtS), a metabolite of alcohol. Respondent admitted to Dr. Greg Elam that she had been drinking at the airport the day before the test.

Probation 06/26/2017 to 06/26/2022

### Newsham, Shannon Marie

Saint Peters, MO

#### Registered Nurse 2002017168

Licensee failed to appropriately document what happened with four medication cards which were in her control.

Probation 07/18/2017 to 01/18/2018

### Fallon, Megan E

Jamestown, TN

#### Registered Nurse 2012034548

The Missouri State Board of Nursing received information from the Texas Board of Nursing via the NURSYS website that Respondent's privilege to practice in Texas was voluntarily surrendered due to a final disciplinary action being taken by the Texas Board of Nursing in an Order dated January 4, 2017.

Probation 06/26/2017 to 06/26/2018

### Colvin, Raylene Faye

Kansas City, MO

#### Registered Nurse 2002028990

In a proactive diversion audit, the hospital identified Licensee as having a higher narcotic usage than that of her peers. The audit also revealed that Licensee failed to document the administration, waste or return of hydrocodone tablets on four different occasions. Licensee was asked to submit a sample for a for-cause drug screen. Licensee submitted a sample for testing on June 30, 2016. On July 12, 2016, the drug screen returned positive for marijuana.

Probation 07/18/2017 to 07/18/2020

### Cazier, Malisa Halona

Nixa, MO

#### Licensed Practical Nurse 2014044587

On September 23, 2016, as part of the orientation process at the college, Licensee was required to submit to a random urine drug screen. The test result was confirmed positive for marijuana on September 25, 2016.

Probation 07/18/2017 to 07/18/2020

### Hall, Allison B

Florissant, MO

#### Registered Nurse 2017017175

Applicant was previously licensed by the Board as a registered professional nurse, license number RN 099498. The Board revoked Applicant's nursing license on September 26, 2012, due to failing to comply with the terms of probation. As part of the application process, Applicant was required to complete a chemical dependency packet and undergo a chemical dependency evaluation. Applicant informed the chemical dependency evaluator that she had a substantial history of drug abuse, including cocaine, marijuana, crack cocaine, amphetamines but had not used those particular drugs in some time. However, she later developed an opioid dependence on pain killers, including codeine and Vicodin, which resulted in increased usage from 2000 through 2010. She further reported abusing alcohol, consuming as many as 10 to 15 alcoholic beverages daily when she came home from work in the past. Applicant stated that she received prescriptions for amphetamines from more than one doctor and took as many as 3-5 pills per day at times. She reported her abuse of amphetamines ceased in 1995. Applicant had a prescription for Vicodin; however, admitted to consuming as much as six 5 mg Vicodin in the morning before leaving her home in 2008. Applicant states that her sobriety date is September 2, 2011 from drug and alcohol use, and she continues with aftercare support.

Probation 06/01/2017 to 06/01/2020

### Wyrick, Kara Nicole

Owensville, MO

#### Licensed Practical Nurse 2012031071

Licensee's test result was confirmed positive for marijuana metabolites on June 28, 2014.

Probation 07/22/2017 to 07/22/2019

### Sturgis, Julie Denise

Branson, MO

#### Registered Nurse 2013004754

Between August 1, 2015 and September 1, 2015, Licensee did not document the administration, waste, or return of thirty-four (34) Oxycodone 5mg tablets. Between August 1, 2015 and September 1, 2015, Licensee did not document the administration, waste, or return of two (2) Hydrocodone 5/325 tablets. Between August 1, 2015 and September 1, 2015, Licensee did not document the administration, waste, or return of six (6) Hydrocodone 10/32 tablets. Between August 1, 2015 and September 1, 2015, Licensee did not document the administration, waste, or return of four (4) Hydrocodone 7.5/32 tablets. Licensee admitted to hospital administrators that she had been diverting controlled substance medication for her personal use. Licensee was terminated from the hospital for diverting narcotics on



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# Disciplinary Actions\*\*

September 11, 2015. Licensee admitted to the Board's investigator that she had been diverting Oxycodone and Hydrocodone pills from the hospital for her personal use. Licensee admitted to the Board's investigator that she started diverting the medications in July of 2015.

Probation 07/01/2017 to 07/01/2021

## League, Heidi Lynn

Lees Summit, MO

### Licensed Practical Nurse 2008027500

On September 1, 2014, a nurse noticed the controlled substance proof-of-use form for hydromorphone 2 mg for patient W.S. (form) was wrinkled and appeared to have been altered. On September 5, 2014 Respondent admitted that she altered the form and diverted the four missing hydromorphone tablets.

Probation 06/26/2017 to 06/26/2022

## Lusan, Brittany Marie

Kansas City, MO

### Registered Nurse 2013007185

While working the night shift at a hospital from August 30, 2016 through August 31, 2016, Licensee was witnessed having glazed eyes and acting erratically. Licensee was also observed to have dried blood and track marks on her left hand. One of Licensee's coworkers noticed that Licensee was spending a lot of time in the restroom. The coworker went in to the restroom after Licensee and found empty vials of fentanyl and morphine, a butterfly needle, and syringes in the waste basket. Licensee admitted to hospital officials that she had been diverting waste fentanyl and morphine for her own use for the past two and a half weeks.

Probation 08/03/2017 to 08/03/2022

## Angell, Shana Dee

Nixa, MO

### Registered Nurse 2009021445

Count I: The pharmacy audit showed multiple discrepancies in Licensee's documentation and withdrawal

of narcotic medications, including multiple occasions where Licensee removed narcotics from the Omnicell but did not administer them in the fifteen minute window. A review performed in February 2015 revealed that Licensee failed to waste narcotics appropriately on multiple occasions. On three occasions, Licensee pulled medications for patients not assigned to her, and pulled injectable and oral narcotics at the same time. The hospital ran Pandora reports monthly; Licensee was on the Pandora report for several months, showing excessive usage of morphine and other narcotics. Licensee was requested to submit a sample for a drug screen on July 3, 2014. The sample which Licensee submitted returned positive for morphine. Licensee did not have a prescription or a lawful reason to possess morphine.

Count II: On February 16, 2016, Licensee signed out three doses of intramuscular Ativan for a resident. Licensee properly documented the administration of the first two doses of Ativan; however, Licensee failed to document the administration of the third dose, and instead she asked a co-worker to document the administration of the third dose for her. Additionally, on February 16, 2016, Licensee documented that she had changed a resident's duragesic patch; however, a nurse on the following shift discovered the resident's patch had not been changed. On the same day, Licensee placed a 25mcg duragesic patch on a resident; however, the resident had an order for a 75mcg duragesic patch. When the incorrect patch was removed, the patch was noted to be cut on the left side and flat in appearance. Licensee signed out two doses of Norco for a resident on February 16, 2016; however, Licensee failed to document the administration or waste of the medication. Furthermore, there should have been 17 Norco doses remaining after the administration of those two doses, but there were only 16 Norco doses remaining. Licensee signed out a dose of Norco for a resident on February 2, 2016, but failed to document the administration of the Norco dose to the resident on the treatment sheet. Licensee signed out a dose of Norco at 1400 for a resident on February 16, 2016; however, the dose was given too

soon from the previous dose at 1230, as the order read that the resident was to receive one or doses every four hours. Licensee signed out a dose of oxycodone for a resident on February 16, 2016, but failed to document the administration of oxycodone to the resident on the treatment sheet.

Probation 06/06/2017 to 06/06/2020

# REVOKED

## Kuehl, Barbara Jean

Carl Junction, MO

### Registered Nurse 2016033079

From October 17, 2016, through April 4, 2017, Respondent failed to check in with NTS on fifty-eight days. Respondent ceased checking in with NTS on February 7, 2017. Further, on January 24, 2017, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. Respondent failed to

**REVOKED continued on page 16**

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# Disciplinary Actions\*\*

## REVOKE continued from page 15

report to a collection site to provide a sample for testing on five separate occasions. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of December 12, 2016 and March 13, 2017.

Revoked 06/16/2017

### Mcmanemy, Jeffrey C

Saint Louis, MO

#### Registered Nurse 095815

At all times relevant herein, Licensee was employed as faculty at a community college. The college has a Return to Industry (RTI) program which allows faculty to receive compensation for undertaking observation experiences in health care settings for professional development and to enhance student learning. On or about April 11, 2016, Licensee submitted a copy of a Return to Industry Proposal for approval including: a letter from C. J. RN BSN, Office Manager, approving Licensee's request for observation experience with Dr. R. J.; a planned schedule for Licensee's time with Dr. R. J.; and, a letter from Licensee to Dr. R. J. indicating the areas Licensee and Dr. R. J. had discussed focusing on for the observation experience. Licensee was seeking compensation for forty (40) hours of observation experience. After reviewing the proposal, the RTI Program Coordinator noticed several discrepancies and inconsistencies with the proposal Licensee submitted. The discrepancies in the proposal information included: The handwriting for C. J.'s signature is the same as Licensee's handwriting. There is no nurse named C. J. licensed in the State of Illinois. The letterhead for the request approval letter indicated that the facility where the observation experience would occur was Cardiology Consult, a division of Southern Illinois Health Care. No such facility exists. The addresses listed on the request approval letterhead for the facility where the observation experience was to occur were actually for an abandoned

gas station and a nonexistent location. The phone number listed on the request approval letterhead was not for a Cardiology Consult, but was for the Cahokia Board of Education. Dr. R. J. is not associated with Cardiology Consult or Southern Illinois Health Care. Dr. R. J. is associated with other facilities.

On April 18, 2016, college administrators and Human Resources staff met with Licensee to discuss the inconsistencies in the proposal and the documents he submitted. Licensee told college administrators and Human Resources staff that he received the request approval letter from facility, where he works on some Sundays. Licensee further explained that he spoke to Dr. R. J. about the observation experience and personally delivered his letter about the observation experience to Dr. R. J. Dr. R. J. did not know Licensee and had never heard of the college's RTI program. Dr. R. J. further stated that he does not allow anyone to shadow him at work. Licensee submitted false information in an attempt to gain compensation for work he would not perform.

Revoked 08/23/2017

Respondent reported to the Board that she had been using methamphetamine for approximately one (1) year. Revoked 06/09/2017

### Barnhart, Stacy Lynn

Jefferson City, MO

#### Licensed Practical Nurse 2006005957

On November 1, 2016, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol, and Ethyl Sulfate (EtS), a metabolite of alcohol. Respondent admitted to Dr. Greg Elam that she had consumed a food which contained vanilla extract and had been using alcohol-based hand sanitizers despite being admonished about using these items.

Revoked 06/26/2017

### Vogan, Stacey L

Macon, MO

#### Registered Nurse 135763

In late November 2012, due to the controlled substance counts being off, the hospital conducted an investigation. The investigation revealed several inconsistencies, specifically instances where Respondent had pulled medications when she was not scheduled to work, or the hospital could not find where there was a direct relationship between the medication Respondent pulled and the administration of the drug to a patient. Respondent was off work from the hospital on November 9, 22, and 23, 2012, and had no valid work reason to go into the hospital. On November 9, 2012, Respondent accessed the Pyxis unit with her fingerprint to obtain Propofol and then canceled the transaction. On November 22, 2012, Respondent accessed the Pyxis unit with her fingerprint to access albuterol and sodium chloride, and then canceled the transactions. On November 23, 2012, Respondent accessed the Pyxis unit with her fingerprint to access heparin 25,000U, and then canceled the transaction. On November 23, 2012, Respondent accessed the Pyxis unit with her fingerprint



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# Disciplinary Actions\*\*

to obtain IV tubing and then canceled the transaction. On November 23, 2012, Respondent entered a fake patient name into the Pyxis machine. When a nurse cancels a transaction in the Pyxis machine, the machine does not document if the item(s) requested were taken from or remained within the machine. Also, the hospital does not have documentation of whether its inventory counts were off for the above items accessed by Respondent during the applicable time period in that the items were not controlled substances. On November 23, 2012, Respondent accessed the Pyxis unit with her fingerprint and removed sodium chloride two different times and Propofol 100 ml. She did not cancel these transactions. On November 23, 2012, Respondent accessed the Pyxis unit with her fingerprint and removed hydromorphone. She did not cancel the transaction. On November 27, 2012, Respondent admitted to the hospital that she had taken saline and the IV set-up equipment. When asked regarding the withdrawals of the medications from the Pyxis machine on November 22 and 23, 2012, Respondent was not truthful as to why she accessed the machine. She merely stated the withdrawals occurred on days she did not work but she stopped by the hospital for a meeting or possibly a doctor's appointment or she stopped by the emergency room to say hello to staff. On December 8, 2012, after Respondent no longer worked for the hospital, she accessed the hospital's trauma bay and removed a used sharps container from the wall and replaced it with a sharps container that she removed from a bag she was carrying. The sharps container that Respondent removed from the wall was next to a Pyxis machine, and was commonly used to waste medication, including controlled substances, and would often contain blood waste, scalpels, and needles. Nurses commonly disposed of containers with unused medications, including controlled substances, into the sharps container next to the Pyxis machine in the trauma bay. Respondent left the hospital with the used sharps container before security could stop her.

Revoked 06/09/2017

## Durbin, Nicole Dawn

O Fallon, MO

### Registered Nurse 2006022409

The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of December 21, 2016. The Board did not receive a thorough neuropsychological evaluation submitted on Respondent's behalf by the documentation due date of December 20, 2016.

Revoked 08/28/2017

## Pearson, Angela Nicole

Belleville, IL

### Registered Nurse 2014000826

As of February 8, 2017, Respondent failed to complete the contract process with NTS. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of January 26, 2017. The Board did not receive an updated chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of January 26, 2017. The Board did not receive evidence of regular attendance of support group meetings by the documentation due date of January 26, 2017.

Revoked 06/26/2017

## Walker, Sarah Mae

Eldon, MO

### Licensed Practical Nurse 2004024525

Respondent failed to check in with NTS on fifteen (15) days. Further, on October 26, 2016; November 11, 2016; June 12, 2017; and, June 21, 2017, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed

to report to a collection site to provide the requested sample. In addition, on June 9, 2017, Respondent failed to check in with NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on June 9, 2017. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due date of March 1, 2017. The Board did not receive an updated chemical dependency evaluation submitted on Respondent's behalf by the quarterly due date of June 1, 2017.

Revoked 08/28/2017

## Rainey, Cornelius

Saint Louis, MO

### Licensed Practical Nurse 048028

On January 8, 2016, Respondent pled guilty to the class C felony of Unlawful Possession of a Firearm due to Respondent knowingly possessing a firearm when he had been previously convicted of felony assault second degree.

Revoked 06/26/2017

## Smith, Christy L

Franklin, MO

### Registered Nurse 139191

As of April 4, 2017, Respondent had failed to complete the contract process with NTS. As of April 4, 2017, the Board had not received a thorough chemical dependency evaluation submitted on Respondent's behalf. Respondent was advised by certified mail to attend a meeting with the Board's representative on February 7, 2017. Respondent did not attend the meeting or contact the Board to reschedule the meeting.

Revoked 06/26/2017

## Stark, Debra A

De Soto, MO

### Registered Nurse 2005008383

From January 12, 2017 through April 4, 2017, Respondent failed to check in with NTS on one (1) day. Further, on February 9, 2017 and March 21, 2017, Respondent checked in with NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on three separate occasions, January 30, 2017, March 2, 2017 and March 10, 2017, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On January 30, 2017, the low creatinine reading was 17.2. On March 2, 2017, the low creatinine reading was 19.2. On March 10, 2017, the low creatinine reading was 9.1. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of March 8, 2017. The Board did not receive an updated chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of March 8, 2017. The Board did not receive a thorough mental health evaluation submitted on Respondent's behalf.

Revoked 06/26/2017

## Hamby, Michelle Lynne

Warsaw, MO

### Registered Nurse 2014024586

Respondent did not complete the contract process with NTS. Revoked 08/24/2017

## Sears, Candice Nicole

Ulman, MO

### Licensed Practical Nurse 2010005438

Respondent worked from June 1, 2014, to September 9, 2015, on a lapsed license. Respondent failed to cooperate with the Board's investigator.

Revoked 06/09/2017

## Schmidt, Laurie

West Plains, MO

### Registered Nurse 2008031058

Over the weekend of April 13 and 14, 2013, hospital management received complaints from Respondent's coworkers regarding Respondent's nursing abilities. Coworkers also suspected that Respondent was impaired at work. An investigation was performed and found inaccurate documentation, late documentation, and medication errors made by Respondent. On April 13, 2013, Respondent failed to perform pain documentation for patient RG during her entire shift. On April 13, 2013, Respondent failed to perform assessments on patient GC and also failed to perform teachings for patient GC. On April 13, 2013, Respondent failed to complete documentation for patient KH during her entire shift. On April 13, 2013, Respondent was withdrawing and administering medications to patients, but was documenting the administration of the medications between two (2) to nine (9) hours after the administration. On April 14, 2013, a coworker found Respondent had withdrawn the wrong medications for a patient. On April 12 and 13, 2013, Respondent failed to properly document the administration of pain pump medication for two patients and wrote the wrong information down on the flowsheets for the patients. On April 19, 2013, the hospital requested that Respondent submit a sample for a for cause drug screen. Respondent provided the sample which indicated that Respondent had hydrocodone, hydromorphone, morphine, and oxymorphone in her system. Respondent had a prescription for these medications so the official result of the test was negative. On April 23, 2013, Respondent spoke to Dr. JJ, who is the medical review officer and employee health doctor for the hospital. Respondent admitted to Dr. JJ that she may have been impaired by her pain medication. Dr. JJ disqualified Respondent from patient care at the hospital. On April 25, 2013, Respondent signed a Substance Abuse Program Employee Agreement acknowledging that she was observed to be impaired at work on April 13 and 14, 2013, and that she needed to stop using legal drugs causing impairment at work. Hospital administrators required Respondent to work with her doctor to wean herself off of her prescription narcotics so she could return to work. Respondent would also need to be cleared to return to work by the employee health doctor. Respondent was not approved to return to work by the employee health doctor.

Revoked 08/28/2017

## REVOKED continued on page 18

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2 Nazareth Lane, St. Louis, MO, 63129, (314) 649-4673, [kim.williams@bbshealth.org](mailto:kim.williams@bbshealth.org).

# Disciplinary Actions\*\*

**REVOKED** continued from page 17

**Black, Janie Lee**

Monett, MO

**Registered Nurse 2000160918**

The Missouri State Board of Nursing received information from the Arkansas Board of Nursing that the State of Arkansas Board of Nursing filed an Order to Cease and Desist the practice of nursing in the State of Arkansas on March 3, 2017 to Janie Lee Black for violations of the Arkansas Nurse Practice Act.

Revoked 06/26/2017

**Scheetz, Amanda Jane**

Niangua, MO

**Licensed Practical Nurse 2010002136**

On December 9, 2016, Respondent pled guilty to the class C felony of Statutory Rape - 2nd Degree. Pursuant to the probable cause statement, Respondent was working as a school nurse and had sexual intercourse with a student, who was under the age of 16 at the time, and who attended the school where she worked. The encounter occurred in a hospital parking garage.

Revoked 08/28/2017

**Burke, Jennifer Lee**

Imperial, MO

**Licensed Practical Nurse 2006003575**

On or about October 11, 2015, Respondent was instructed to destroy thirteen (13) tablets of oxycodone belonging to an expired resident. Facility policy instructed Respondent to destroy controlled substances with another LPN or RN as a witness. Respondent documented the waste on the controlled substance sheet. However, the signature of the witness, who was a CMT, was misspelled on the controlled substance sheet. Facility administrators questioned the witness; she denied that was her signature on the controlled substance sheet and she denied observing Respondent waste the thirteen (13) tablets of oxycodone. Respondent admitted to the Board's investigator that she was impaired on or about October 11, 2015 due to taking Ambien, which she had a prescription for, and thus, the night was "blurry" to her and she couldn't recall the events of the night with certainty.

Revoked 06/16/2017

**Fedl, Michelle C**

Boonville, MO

**Registered Nurse 147416**

Respondent never completed the contract process with NTS.

Revoked 06/26/2017

**Stockman, Stephanie Lee**

Pleasant Hill, MO

**Registered Nurse 2004019760**

On March 24, 2016, Respondent withdrew three (3) vials of Fentanyl for a patient that was not assigned to her. Respondent failed to document the administration, waste, or return of the three (3) vials of Fentanyl she had withdrawn. While being questioned about the Fentanyl, Respondent was observed exhibiting unusual behavior, including tearfulness and confusion. Respondent submitted a sample for a for-cause drug screen and she allowed hospital security officers to search her belongings. In Respondent's belongings, the security officers found fourteen (14) packaged syringes, thirteen (13) packaged needles, one (1) empty 1ML vial of Lorazepam, and three (3) vials of Fentanyl, two (2) of which were empty. Respondent's for-cause drug screen was confirmed positive for benzodiazepines, specifically Lorazepam.

Revoked 08/28/2017

**Wiekhorst, Devin Joe**

Lebanon, MO

**Licensed Practical Nurse 2015008023**

On March 7, 2017, Respondent pled guilty to the class

A Misdemeanor of Abuse of a Vulnerable Person - 3rd. The court documents state that Respondent knowingly acted in a manner which resulted in a substantial risk to the life, body, and health of J.J. by administering an additional dose of morphine after Respondent was specifically informed of the correct dosage previously administered a few minutes prior; however, Respondent disregarded that dosage and administered a second dose. Revoked 06/26/2017

**Urban, Randi Michelle**

Knob Noster, MO

**Registered Nurse 2008016911**

Respondent failed to call in to or check in with NTS on ninety-five (95) days. Respondent failed to report to a collection site to provide a sample for testing on October 31, 2016; November 2, 2016; November 15, 2016; November 25, 2016; December 1, 2016; December 12, 2016; December 21, 2016; December 27, 2016; and, January 30, 2017. The Board did not receive an employer evaluation or statement of unemployment by the quarterly due dates of October 19, 2016, and January 19, 2017. Respondent failed to submit an application to renew her license along with the required fees and criminal background check within thirty (30) working days of July 19, 2016. Revoked 06/16/2017

**NOTIFICATION OF NAME AND/OR ADDRESS CHANGE**

NAME  ADDRESS  PHONE  ALTERNATE PHONE  EMail

RN  APRN  LPN

Last 4 Digits of Social Security Number

Missouri License Number

NAME AS CURRENTLY IN OUR SYSTEM

Last Name (Printed)

First Name (Printed)

**NEW INFORMATION**

Last Name

First Name

Middle Name

(      ) Daytime Telephone Number

(      ) Alternate Phone Number

E-mail Address

**PRIMARY STATE OF RESIDENCE ADDRESS: (where you vote, pay federal taxes, obtain a driver's license)**

Physical address required, PO boxes are not acceptable

CITY

STATE

ZIP

**MAILING ADDRESS (ONLY REQUIRED IF YOUR MAILING ADDRESS IS DIFFERENT THAN PRIMARY RESIDENCE)**

STREET OR PO BOX

CITY

STATE

ZIP

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- Driver's license with a home address
- Voter registration card displaying a home address
- Federal income tax return declaring the primary state of residence
- Military Form no. 2058 – state of legal residence certificate
- W-2 from US Government or any bureau, division or agency thereof indicating the declared state of residence

Proof of any of the above may be requested.

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I solemnly declare and affirm, that I am the person who is referred to in the foregoing declaration of primary state of residence; that the statements therein are strictly true in every respect, under the pains and penalties of perjury.

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Date

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# Disciplinary Actions\*\*

## Keith, Brian Lee

Springfield, MO

### Licensed Practical Nurse 054674

On May 3, 2016, Respondent pled guilty to the class A felony of Robbery - 1st Degree, the unclassified felony of Armed Criminal Action, and the class A felony of Kidnapping - Facilitating a Felony - Inflicting Injury - Terrorizing.

Revoked 06/09/2017

## SUSPENSION

### Fontenot, Teanna Lashae

St. Robert, MO

### Licensed Practical Nurse 2014029133

Suspended 6/26/17-6/26/18; Probated 6/27/18-6/27/23

From November 14, 2016, until the filing of the Complaint on April 6, 2017, Respondent failed to check in with NTS on six (6) days. Further, on November 21, 2016, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. Respondent's November 21, 2016 sample's creatinine reading was 10.7. A creatinine reading below 20.0 is suspicious for a diluted sample. On March 7, 2017, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG) and Ethyl Sulfate (EtS), metabolites of alcohol. Respondent admitted to Dr. Greg Elam that she had consumed margaritas the night before the test.

Suspension 06/26/2017 to 06/26/2018

## VOLUNTARY SURRENDER

### Thomas, Michael J

Kansas City, MO

### Registered Nurse 155024

Count I: At all times relevant to Count I, Licensee was employed by an agency based out of Utah. On August 12, 2016, the agency received a complaint regarding Licensee from a hospital in Kansas City, Missouri, where Licensee was working. Hospital administrators reported that there were 34 medication discrepancies attributed to Licensee between July 9, 2016 and August 11, 2016. Licensee was removed from the assignment at the hospital on or about August 11, 2016. On October 21, 2016, the agency received a complaint regarding Licensee from a second hospital in Kansas City, Missouri, where Licensee was working. Hospital administrators reported that there were multiple medication documentation errors associated with Licensee. Licensee failed to explain the discrepancies to hospital administrators, and Licensee's contract with the second hospital was subsequently terminated on October 21, 2016. Licensee failed to respond to the agency regarding either complaint.

Count II: At all times relevant to Count II, Licensee was employed by another agency and was working at a hospital in Liberty, Missouri. On or about January 13, 2017, hospital administrators began an investigation into Licensee's Pyxis access and drug administration practices following suspicious behavior of Licensee in and around the Cath lab. The hospital's pharmacy manager noted Licensee removed drugs from the Pyxis prior to the beginning time of a procedure, removed drugs after a procedure was complete, wasted drugs after a patient was out of the procedure room, and recorded more drugs used than what was pulled. The pharmacy manager further noted multiple instances of medication pulled by Licensee for which there was no documentation. The medications pulled but that were not accounted for consisted of Fentanyl and Versed.

Voluntary Surrender 08/23/2017

### Vickers, Leon James

Tuscumbia, MO

### Registered Nurse 2006012753

On April 25, 2017, Licensee pled guilty to the class C felony of Assault 2nd Degree - Operating a Vehicle While Intoxicated Resulting in Injury, in the Circuit Court of Miller County, Missouri.

Voluntary Surrender 08/07/2017

### Purdy, Charles Robert, Jr

Saint Clair, MO

### Registered Nurse 2003026652

Licensee voluntarily surrendered his Missouri nursing license effective July 27, 2017. Voluntary Surrender 07/27/2017

### Hankins, Lynette Laolao

Seneca, MO

### Registered Nurse 2015012970

On May 26, 2017, Licensee voluntarily surrendered her Oklahoma nursing license in an Agreed Order to Accept Surrender of Nursing License (Order) issued by the Oklahoma Board of Nursing.

Voluntary Surrender 06/26/2017

## NURSE IMPOSTER ALERT

The Missouri Board of Nursing recently received a complaint concerning a nurse imposter using the name of Kelsi Danelle Foreman. This individual represented herself as a graduate nurse at a hospital in Kansas City, Missouri. Kelsi Foreman is not licensed as a nurse by the Missouri State Board of Nursing. She is also not eligible to call herself a graduate nurse.

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